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## BIB DATA SHEET

CONFIRMATION NO. 1519

|   |   |                               |   |   |                                |
|---|---|-------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/771,058  | <b>FILING or 371(c) DATE</b><br>02/02/2004<br><b>RULE</b>   | <b>CLASS</b><br>180           | <b>GROUP ART UNIT</b><br>3677   | <b>ATTORNEY DOCKET NO.</b><br>BURNS-001 |                                |
| <b>APPLICANTS</b><br>Gregory Lee Burns, Gardnerville, NV;<br><b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/444,267 01/31/2003<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b><br>05/03/2004 |   |                               |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /RUTH C RODRIGUEZ/<br>Acknowledged Examiner's Signature              | <input type="checkbox"/> Met after Allowance<br>Initials  | <b>STATE OR COUNTRY</b><br>NV | <b>SHEETS DRAWINGS</b><br>4   | <b>TOTAL CLAIMS</b><br>20               | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>ANDREW D. GATHY<br>P.O. BOX 351<br>EAST LYME, CT 06333<br>UNITED STATES   |   |                               |   |   |                                |
| <b>TITLE</b><br>Motorcycle triple clamp   |   |                               |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>385   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |